



Montana Psychological Association

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EXHIBIT 6
DATE 3/21/2011
FB SB 272

March 17, 2011

Chairman David Howard
Human Services Committee
Montana House of Representatives
PO Box 200400
Helena, Montana 59620-0400

RE: Senate Bill 272, Allow Appropriately Trained Psychologists to Prescribe.

Dear Chairman Howard & Members of the Human Services Committee:

I am writing to ask you to support Senate Bill 272, as this bill will soon come to a vote in Human Services Committee of the House. This is a bill that deserves support from both yourself and the Committee because it sees to the behavioral healthcare of the citizens of Montana where there is desperate need that I see every day in my practice.

Since 1996 the American Psychological Association has set forth training standards that requires at least two years of graduate semester quality coursework specific to psychopharmacology. This curriculum has been reviewed and revised several times since 1996. Over this time, a national examination has been developed that after considerable review is now a well-recognized, well-researched, benchmark to demonstrate competence in the specific area of psychologists making use of psychopharmacology. There is a recognized threshold within the field for a practicum of not simply seeing 100 patients, but following 100 patients through a course of treatment under the supervision of a physician. Then, based on successful legislation in other states and standards from the Armed Services there is an accepted licensing process to use as a model.

There is a behavioral healthcare crisis in our state, where for example on average one person dies every other day from a completed suicide. We are second, per capita, in completed suicides nationally; and it is the eighth leading cause of death here in the state of Montana per analyses from Department of Health and Human Services ahead of other health problems like Diabetes, etc. (most recent data 2008).

While allowing psychologists to prescribe is not 'the answer' to this crisis, adding this new intervention may well have an important impact. Having more well-trained, qualified prescribers for behavioral health services is one of the central needs cited in numerous studies.

Opposition to this bill has offered numerous promises to improve access repeatedly. These parties were even provided a two million dollar grant to support service access via

telepsychiatry. There was not one, not one bid on this grant. Opponents to this bill have plainly not improved access or provided other viable solutions. Simply put, we have too few qualified prescribers to meet the substantial needs that are facing Montana.

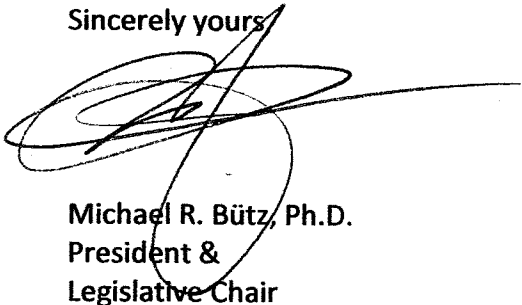
We have studied the matter of prescribing psychologists carefully, first of all as scientists and secondly as practitioners. This is a well-researched and safe method of intervention, with a proven track record across 17 years in the Armed Forces, New Mexico, Louisiana and the Indian Health Service. During those 17 years, there has not been one, not even one, board complaint or malpractice complaint against a prescribing psychologist.

Scientifically, these 17 years of practice are evidence that it is a safe method. From this same standpoint, we have considered both the intensive curriculum that takes two years to complete as a master's degree and the national exam that has been thoroughly researched for its effectiveness in testing an applicant's knowledge. Again, both of these steps have proven scientifically valid, as there have been no complaints against a prescribing psychologist. Then, we have the practicum, which means following a course of treatment with 100 patients under the supervision of a physician. This takes roughly a year to complete, and again scientifically, this measure has proven valid as well, no complaints in 17 years. There is also the added dimension of a licensing process, which further adds to the vetting process for these applicants – *again, existing licensing processes have proven valid, no complaints.*

As practitioners, our members must consider what is in the best interests of the citizens we serve here in Montana. The need for the services a prescribing psychologist is able to offer is obvious, painfully obvious. It can take an individual, depending on the community, from three months to a year to receive the services of a psychiatrist regardless of the severity of their condition. If they are in immediate need, their only option is to present to an Emergency Room; and even then, there is no guarantee that a psychiatrist will see them. *This is unacceptable.* 70% of psychotropic medications are prescribed by other medical providers, such as Physician Assistants, Nurse Practitioners and general Physicians. But, with rare exception, these providers do not have intensive coursework on psychotropic medications nor do they have a background in behavioral healthcare. *Prescribing psychologists do.*

In our view as an association, there is scientific evidence of this method's safety and documented, even well-known, evidence of need. Know that we have diligently considered all of the matters above, and more, and on this basis I urge you give this bill a yes vote based on the facts, not conjecture, fear, or protectionism.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Michael R. Bütz", with a large, stylized flourish extending from the end of the signature.

Michael R. Bütz, Ph.D.
President &
Legislative Chair

Senate Bill 272 - Prescribing Psychologists Support Letters

Psychiatrist Letter and Supporting Materials

Daniel Carlot, MD - Psychiatrist
Supporting Materials

MD Letters

Geraldine Mournian, MD - Hardin
Robert Chang, Ph.D., M.S.C.P. - Fort Peck
Caitlin A. Hall, M.D., F.A.A.P - Crow Agency
Georgia Milan, MD - Florence
Randale C. Sechrest, MD - Missoula
O. Glenn Heyman, DO - Missoula
Robert T. Henderson, MD - Havre
Lori G Byron, MD, FAAP - Crow Agency
David Mark, MD - Hardin
Joseph Keel, MD - Billings
Emily Colson, MD - Billings
Vernon Johnson, MD - Billings
Joe Gray, MD - Browning
Brett Bender, MD - Missoula

Psychologist Letters

Robert Sherrill, Jr., PhD - State Licensing Board Chair, New Mexico
Juan Lastra, PhD - Browning
Christina Vento, PsyD, ABMP, MA Psychopharm - Las Vegas, NM
Jeffrey Schroeder, PhD - Missoula

Pharmacist Letter

Lee Ann Bradley, PharmD, BCPS - Missoula

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DANIEL CARLAT, M.D.

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My name is Daniel Carlat, and I am a practicing psychiatrist, as well as the publisher of two continuing medical education newsletters, The Carlat Psychiatry Report and The Carlat Child Psychiatry Report. In addition, I have written several textbooks on psychiatric diagnosis and treatment.

I practice psychiatry in Massachusetts, where there are many training programs graduating dozens of new psychiatrists per year, and yet in most counties there is still a significant shortage of psychiatrists. I can only imagine how much more dire the situation must be in Montana, where many counties have no psychiatrists at all.

Having carefully read SB 272, I am comfortable that the training required of prescribing psychologists is more than adequate to allow them to prescribe safely and effectively in Montana.

I do not make this statement lightly. As you can imagine, my position has not won me many friends in my profession. Three years ago, I was elected by my colleagues to represent Massachusetts in the Assembly of the American Psychiatric Association. Last year, when I published a blog post supporting prescriptive privileges for properly trained psychologist, I elicited such fury that I felt compelled to resign my elected position. This is clearly a turf war, it is mainly about money and competition for patients, and my guild does not take kindly to a member who jumps ship.

Nonetheless, I believe that the kind of training described in SB 272 will yield well trained professionals who will be able to safely prescribe from a very limited formulary of psychiatric medications. As stipulated in the law, this training requires, at a minimum, two years of Master's level coursework in physiology, pathophysiology, neuroscience, general pharmacology principles, psychopharmacology, and both physical and laboratory assessment. After this coursework, the psychologist must then do extensive practical training by seeing 100 patients under the direct supervision of a physician. This is meaningful supervision—the physician must actually sign off on the clinical notes written by the psychologist, ensuring that medications are being prescribed safely for every one of these patients.

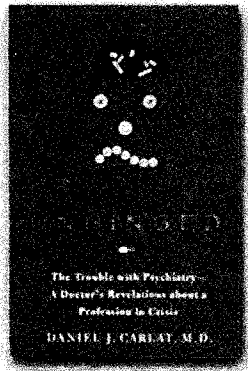
Beyond this, the law ensures ongoing safe prescribing by requiring an ongoing collaborative relationship between each prescribing psychologist and a physician. The law is stringent in this regard, and appropriately so.

While many of my psychiatrist colleagues believe that all four years of medical school are required to prescribe medication, this is undermined by a long history of safe medication prescribing by thousands of midlevel practitioners, including nurse practitioners and physician assistants. In fact, psychologists are already been prescribing safely in all branches of the military, and in the states of Louisiana and New Mexico. The licensing boards of all these entities have not documented a single complaint or adverse medical outcome due to a psychologist prescribing. Recall that this bill would limit psychologists to the approximately 90 medications FDA approved for mental illness. This is a tiny fraction—less than 0.5%—of the approximately 3500 medications approved for all medical uses.

I am confident that the people of Montana will be well served by prescribing psychologists, and that they will be grateful to their legislators who had the foresight to provide this care to those who need it most.

DANIEL CARLAT, M.D.

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Free Press

(May 18, 2010)

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Unhinged

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IN THIS STIRRING AND BEAUTIFULLY WRITTEN WAKE-UP CALL, psychiatrist Daniel Carlat exposes deeply disturbing problems plaguing his profession, revealing the ways it has abandoned its essential purpose: to understand the mind, so that psychiatrists can heal mental illness and not just treat symptoms. As he did in his hard-hitting and widely read New York Times Magazine article "Dr. Drug Rep," and as he continues to do in his popular watchdog newsletter, *The Carlat Psychiatry Report*, he writes with bracing honesty about how psychiatry has so largely forsaken the practice of talk therapy for the seductive—and more lucrative—practice of simply prescribing drugs, with a host of deeply troubling consequences.

Psychiatrists have settled for treating symptoms rather than causes, embracing the apparent medical rigor of DSM diagnoses and prescription in place of learning the more challenging craft of therapeutic counseling, gaining only limited understanding of their patients' lives. Talk therapy takes time, whereas the fifteen-minute "med check" allows for more patients and more insurance company reimbursement. Yet DSM diagnoses, he shows, are premised on a good deal less science than we would think.

Writing from an insider's perspective, with refreshing forthrightness about his own daily struggles as a practitioner, Dr. Carlat shares a wealth of stories from his own practice and those of others that demonstrate the glaring shortcomings of the standard fifteen-minute patient visit. He also reveals the dangers of rampant diagnoses of bipolar disorder, ADHD, and other "popular" psychiatric disorders, and exposes the risks of the cocktails of medications so many patients are put on. Especially disturbing are the terrible consequences of overprescription of drugs to children of ever younger ages. Taking us on a tour of the world of pharmaceutical marketing, he also reveals the inner workings of collusion between psychiatrists and drug companies.

Concluding with a road map for exactly how the profession should be reformed, *Unhinged* is vital reading for all those in treatment or considering it, as well as a stirring call to action for the large community of psychiatrists themselves. As physicians and drug companies continue to work together in disquieting and harmful ways, and as diagnoses—and misdiagnoses—of mental disorders skyrocket, it's essential that Dr. Carlat's bold call for reform is heeded.

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BOOK REVIEW

Brush Strokes in 'Unhinged' a Bit Too Broad

Readers of this review of "Unhinged: The Trouble With Psychiatry" by Daniel J. Carlat (New York: Free Press, 2010) should know up front that it was written by a psychopharmacologist who continues to do "promotional" presentations for pharmaceutical companies. Why, you may wonder, would a person who is considered by some to be a "paid puppet" or a "hired gun" undertake such a project?

I agreed to write this, in part, because of Dr. Carlat's concession that there might be "some company speakers out there who are able to be completely honest about the sponsor's drug."

I also agree with much of what he says.

"Unhinged" is not a treatise for professionals. Its intended audience is the general public—which might explain the frequent use of graphic embellishment in what is intended to be an exposé of "deeply disturbing problems" confronting the psychiatric profession and, in particular, its relationship to the pharmaceutical industry. He has explored these themes many times—in publications such as the New York Times ("Dr. Drug Rep," New York Times Magazine, Nov. 25, 2007), and CLINICAL PSYCHIATRY NEWS ("Physicians, Big Pharma, and Deception," April 2008, p. 9), and on his blog (<http://carlatpsychiatry.blogspot.com>).

In his new book, Dr. Carlat bemoans the shift in recent years from a humanistic psychotherapeutic approach to treatment that focuses on a "pill for every ill, move along quickly, but pay your bill" (my quote). I agree that the 15-minute

med check is less than ideal for many patients and that the best practice is to integrate psychological and social factors with pharmacotherapy.

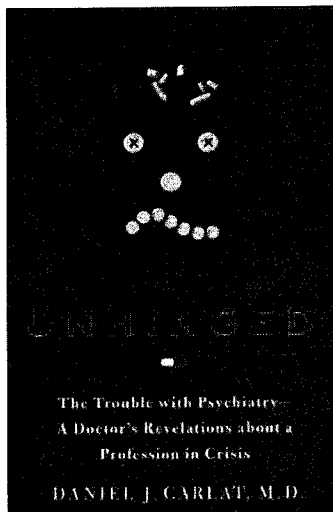
However, Dr. Carlat's contentions can prove contradictory. For example, in the first chapter, he says, "psychopharmacologists rarely do therapy." Later, he concedes that "to be fair, most psychopharmacologists do, in fact, provide therapy to most of their patients."



Let us move on to what is on target about Dr. Carlat's "Unhinged." He is justifiably critical of clinicians who only push pills, who focus treatment only on diagnostic codes rather than the patient as a whole, who have little time for comprehensive diagnosis, and who do not critically evaluate the information they receive and its sources.

He is justifiably concerned about the controversial DSM-5, and indignant about certain pharmaceutical company practices and relationships.

Dr. Carlat writes with a flourish that "when motivated by the scent of vast new markets," companies have "proven themselves adept at trumping up meager findings in order to convince doctors to prescribe their drugs." (He points out abuses such as the off-label marketing of drugs; ghostwriting of articles; and publishing only positive data while sweeping negative outcomes under the carpet (bowing to external pressures, some companies now make study results available on the Internet). He presents examples of how drug companies have manipulated the "medical publishing world" for marketing purposes.



He then confronts the "hired guns" who populate drug company speaker bureaus and have other intimate relationships with industry. People, Dr. Carlat says, who have "allowed themselves to become paid puppets of the pharmaceutical industry." He enthusiastically presents his perspective on some of them.

He quotes a former drug company representative stating "key opinion leaders were salespeople for us ... if that speaker didn't make the impact the company was looking for, then you wouldn't invite them back." (That has happened to me over the years.)

Still, I disagree with Dr. Carlat's tendency to use the same brush to tar virtually everyone who has a pharmaceutical company relationship. I also disagree with the contention that drug prescribing is a

random, "pick a drug, any drug" trial-and-error procedure and that psychopharmacology is an uncomplicated endeavor.

Psychiatry has its problems, and as a conclusion to his very readable book, Dr. Carlat offers solutions, advocating that we become "psychological healers," and describing prescribing psychologists (yes, psychologists) as "close to the ideal mental health professional." His solutions will generate controversy within and beyond the psychiatric profession, but his statement that "the real solution is to make the profession more impressive and scientific" should resonate well with everyone.

Postscript: Dr. Carlat notes that the receipt of any gift, no matter how small, instills a feeling of reciprocity. That in mind, I confess that I received a free copy of his book—but I did write the first draft of the review with an unbranded pen. ■

DR. JEFFERSON is director of Healthcare Technology Systems Inc., Madison, Wis., and clinical professor of psychiatry at the University of Wisconsin, Madison. He is board certified in psychiatry and internal medicine.

LETTERS

Letters in response to articles in CLINICAL PSYCHIATRY NEWS and its supplements should include your name and address, affiliation, and conflicts of interest in regard to the topic discussed. Letters may be edited for space and clarity.

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COMMENTARY

Time to Move Away From 'a Pill for Every Ill'

"Everything in excess is opposed to nature."

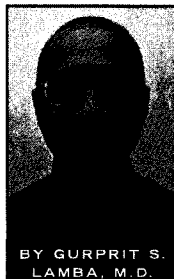
—Hippocrates

We want a quick fix for everything. The current era of fast-paced technology, fast food, fast-acting drugs, and fast fixes for disease leading to a fast buck has stirred a vicious cycle. Yet, Hippocrates believed that disease is the product of several factors: environment, diet, and living habits.

Considering the complexity of human beings, "fixing" those with mood disorders, anxiety, and phobias with state-of-the-art medications after a lecture on their side effects is not the answer.

The altered state in which these medications can leave our patients can lead to catastrophic changes elsewhere if one does not understand the nonlinear nature of the human body. The "butterfly effect," a mathematical model introduced by Edward N. Lorenz, Ph.D., the late mathematician and meteorologist, is a good example of this principle.

Dr. Lorenz showed that a tiny disturbance such as the flapping of a butterfly's wings in South America, for example, can affect the weather in Central Park. Similarly, our current linear methodology of psychiatric disorders must not be considered in a vacuum. Likewise, physical and mental vital signs must be viewed in their totality.



To quote Hippocrates yet again: "It is more important to know what sort of person has a disease than to know what sort of disease a person has." Nature loves homeostasis, and our body naturally strives to attain it. Our perspective toward the human brain and body should change. Human physiology is dynamic and changes from time to time. We need to move away from the paradigm "there is a pill for every ill."

As medicine moves toward electronic health records and other high-tech innovations, it is clear to me that those of us treating patients with mental illness must remember that each person must be treated differently. A comprehensive view of each individual is needed.

In addition, the way in which mental illness is defined changes over time.

For example, in 1977, the World Health Organization's ICD-9 listed homosexuality as a mental illness. The WHO removed homosexuality in 1990. Several years earlier, in 1973, it had been removed from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders II. Pope Leo XIII purportedly used to carry a hip flask of the coca-treated Vin Mariani with him, and he awarded a Vatican gold medal to Angelo Mariani, known as the world's first cocaine millionaire. The drug was later outlawed in the society.

We have made remarkable strides in psychiatry in recent years. Given these advancements, we must approach our work holistically.

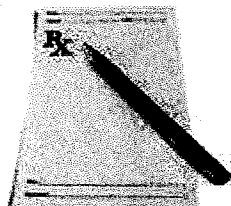
Only when we reboot our approach to patients by incorporating psychosocial and behavioral interventions into our armamentarium will we be able to meet the needs of our patients. ■

DR. LAMBA is chief resident at St. Elizabeth's Medical Center, Boston.

Psychologists and Prescription Privileges: A Conversation (Part One)

By Daniel Carlat, M.D.

Created Mar 30 2010 - 11:00am



The always controversial topic of whether psychologists should be allowed to prescribe medications is back on the public stage with a vengeance. Oregon just overwhelmingly passed legislation authorizing psychologists' prescription privileges after a 3 ½ year course of extra training after their PhD. Recently, I had a conversation with one of my patients about this issue. Here is Part One.

"Dr. Carlat," asked Linda. "I've always wondered—what is the difference between a psychiatrist and a psychologist?"

"The main difference," I said, leaning back in my leather chair, "is that psychiatrists can prescribe medications, while psychologists—with a few exceptions—cannot."

"So...that's the only difference?"

"No. Psychologists have much more training in doing talk therapy."

"So to become a psychiatrist, do you go to psychiatry school?"

"No—to be a psychiatrist you have to go to four years of medical school first, then you do one year of general medical work in a hospital, and then you go to three years of something called psychiatric residency, which is an on-the-job training program."

"Wait a minute," asked Linda, almost jumping out of her Queen Anne chair. "You went to medical school?"

"Yup."

"You mean like where you cut open cadavers, do surgery, deliver babies, and do rectal exams?"

"Uh huh."

"But why would a psychiatrist have to learn all those things? You don't do physical exams or surgery, do you?"

"No I don't. And almost none of my colleagues do either. Mostly what we do is what I am doing right now-sit across from people and talk to them. And at the end of the conversation, I usually write out a prescription."

"So you have to go to five years of medical training just to write prescriptions?"

"Well...not really. In fact, there are hundreds of thousands of health care practitioners who can write prescriptions who never attended medical school, like nurse practitioners, optometrists, podiatrists, and nurse midwives."

"But how can they write prescriptions if they didn't go to medical school?"

"Because each profession has a training program that incorporates enough elements of medical school to allow them to prescribe safely."

"But what's the point? Why do we need all these other professionals? Why doesn't everybody just go to medical school?"

"Because for many years there has been a severe shortage of doctors in the U.S. If we required the full medical school training for everybody who did anything medical, patients would have to wait for months before they could get any type of treatment. So these other professions have created streamlined training allowing them to do certain specific medical tasks. And as long as they do only what they were trained to do, research has shown that they perform just as well as doctors, and in some cases even better, at least in terms of patient satisfaction."

"You, mean, like the nurse practitioner I see every time I have doctor's appointment? She's really nice, and always spends at least a half hour with me. With my doctor, it seems he's always in a huge rush."

"Right."

"So you said there are some cases where psychologists can prescribe. What do you mean?"

"Well, first, let's talk about how psychologists get trained. They start by going to five to seven years of graduate school in psychology, where they learn all about how to make psychiatric diagnoses, about neuropsychology and how the brain works, how to use different talk therapies to help people, and how to do research to show whether certain treatments actually work."

"And then they can prescribe?"

"No-before they can enroll in a prescription training program, they have to practice their craft for at least two years. That means seeing patients, doing therapy, and often learning quite a bit about psychiatric drugs, because so many of their patients are on such medications, as prescribed by a family doctor or a psychiatrist."

"So after that, they can prescribe?"

"No. After at least two years of clinical practice, they are eligible to enroll in a special master's degree in psychopharmacology. They learn about all the psychiatric drugs, how to prescribe them, which lab tests must be ordered before you start patients on them, how to make sure patients don't have a medical illness that mimics a mental disorder."

"Wow- what a marathon. After all those years of work, then can they prescribe medicine?"

"No, not yet. They still have to do a year or so of practical, on the job supervised training in prescribing."

"And then, finally, they can prescribe?!"

"Well, only if they happen to have offices in New Mexico, Louisiana, Guam, or if they are hired by a branch of the U.S. military. All of these entities allow qualified psychologists to prescribe."

"Wait a minute. It sounds like these prescribing psychologists would be the ideal people to treat mental disorders. They do therapy, they understand the brain, and they know how to prescribe brain medications. Why are they not allowed to prescribe everywhere in the U.S.?"

"Well, Linda, that's a very interesting story in itself, and we're unfortunately out of time today. Let me write you a refill and we can continue this next time."

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Daniel J. Carlat Bio

Daniel J. Carlat, M.D., is Associate Clinical Professor of Psychiatry at Tufts University School of Medicine, and President of Clearview Publishing, LLC. Since resigning from drug industry speaker's bureaus in 2002, he has advocated for a phasing out of all commercial support for medical education. He publishes a number of CME newsletters without commercial support, including *The Carlat Psychiatry Report*, *The Carlat Child Psychiatry Report*, and the upcoming *Carlat Primary Care Report*. In addition, he serves as the Chair of the Continuing Medical Education Committee of the Massachusetts Psychiatric Society.

Recently, he has become interested in reforming psychiatry by encouraging an integrative approach to practice and has supported training programs to allow psychologists to prescribe psychotropic medications. He has written about these issues in the *New York Times Magazine*, *Psychiatric Times*, *The Carlat Psychiatry Blog*, and in his book, *Unhinged: The Trouble with Psychiatry*, which was published by Simon and Schuster in May of 2010.

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March 19, 2011

Dear Sirs/Madams:

I write this letter as a private citizen in support of SB 272, which will give prescriptive authority to licensed clinical psychologists in the State of Montana.

I regret that I cannot be present today to speak in person but am hopeful that you will hear my voice, nonetheless.

I am a Family Physician who is licensed in the State of Montana and I work in Eastern Montana for the Indian Health Service. The opinions expressed in this letter are my own as a private citizen. I do not speak on behalf of the Indian Health Service.

My background and training include a 4 year Bachelor of Arts degree in Psychology, 7 years experience working in a nonpublic school setting with Severely Emotionally Disturbed children and youth, a medical degree from Dartmouth Medical School, and post-graduate training in Family Medicine through a community affiliate program of Oregon Health and Sciences University.

I am currently the supervising physician to Dr. Earl Sutherland, who is provisionally licensed as a prescribing psychologist through the State of New Mexico for a period of 2 years, prior to obtaining permanent licensure for prescribing.

Dr. Sutherland is a doctoral level clinical psychologist who has also completed an additional 2 years of Master of Science curriculum in Psychopharmacology through the University of New Mexico.

He then completed a preceptorship in clinical medicine under my supervision, prior to sitting for a national licensure exam to obtain his provisional license in prescribing psychology.

His provisional license requires him to have physician supervision for a minimum of 100 patients prior to making that license permanent.

The minimum number of years of training required to become a Clinical Psychologist with Prescriptive Authority is 13.

The minimum number of years of training required to become a Family Physician is 11.
The minimum number of years of training required to become a Psychiatrist is 12.

The minimum number of years of training required to becoming a Nurse Practitioner or a Physician Assistant is 6.

All of the aforementioned types of healthcare providers, with the exception of Clinical Psychologist, are currently able to obtain an independent license to prescribe psychotropic medication in the State of Montana.

As a Family Physician, many of the patients I see suffer from anxiety, depression, insomnia, or PTSD. A smaller number suffer from schizophrenia or bipolar disorder. The medications involved in the treatment of these disorders may have unwanted or undesirable side effects such as high cholesterol, high blood pressure, obesity, diabetes, or tardive dyskinesia, to name some of the more common ones.

And while I can prescribe the right medications (or consult a psychiatrist for their expertise in the case of the severely mentally ill) and monitor my patients for the systemic effects on their health, I am woefully lacking in the time required to provide psychotherapy, given that the average time a physician spends with a patient during a primary care office visit is about 7 minutes.

I frequently refer my patients to the Clinical Psychologist because I believe strongly that psychotherapy, as an adjunct to medication is often the most optimal of type of care for a variety of mental health disorders.

Within the Indian Health Service, I am fortunate to have both Psychiatry and Clinical Psychology within reach for my patients.

However, in many other parts of the State, in the private sector, in more rural settings, there may not be a Psychiatrist or Primary Care physician to write the prescriptions and perform the medical surveillance for side effects.

In this situation, it would be ideal for the Psychologist to be able to prescribe for and monitor the mental health patient.

This is why I strongly support legislature to give prescriptive authority to Clinical Psychologists with advanced training. I look forward to continuing to work in a collaborative fashion with more people like Dr. Sutherland, who can not only provide the essential element of time for the therapeutic process but who can also initiate drug therapies for mental health disorders when applicable, without further delay in a patient's care, without the need to wait for that patient to obtain an appointment with a physician or physician extender.

Thank you very much for your attention and consideration in this very important matter!

Sincerely,

Geraldine Mournian, MD
Family Physician
Hardin, Montana

RE: SB272

DATE: March 18, 2010

To the Members of the Montana House of Representatives:

My name is Dr. Robert Chang. I am a clinical psychologist who has gained additional training in clinical psychopharmacology and I work with Native American Indians in northeast Montana. I understand that there is a bill SB272 that is pending your vote to allow adequately trained psychologist to prescribe psychotropic medications. I respectfully urge you to vote for this bill. I can attest to the tremendous need for professionals who can prescribe these medications effectively and safely. I am sure that you are quite aware of the inadequate state of our mental health system. In 2007, an article published in the scholarly journal--Academic Psychiatry¹ noted that there were only 52 psychiatrists that had listings on a popular website used to find doctors in the whole state of Montana. Furthermore, the article also indicated that the geographic area of Missoula County and its surroundings were only serviced by 6 psychiatrists and all of them were not accepting new patients. Lastly, almost all of them were also located in the urban areas of the state. The article noted that only 11 of the 56 counties in Montana were serviced by psychiatrists. It is simply a fact that the majority of the citizens of Montana are not being provided with adequate psychiatric care. The dearth of psychiatrists is ongoing as psychiatric residency programs generally goes unfilled nationally.

I am sure you will hear, if you have not already, the countless arguments on the issue of safety. However, please consider the consistent and growing evidence that advanced trained psychologists are safely and effectively prescribing psychotropic medications. Individuals who suffer from serious mental illness in New Mexico, Louisiana, patients who are service men or women--their relatives, and Native American Indians are receiving complete mental health care from one provider. The safety data is continuing and it has been accumulating for years. Allowing specially trained psychologist to prescribe psychotropic medications has increased adherence and ultimately response to the much needed comprehensive treatment. Appropriately trained psychologists successfully blend in the use of psychotropic medications with psychotherapy in one session. I am witnessing, first hand, how adequately trained psychologists are seemingly and effectively working with primary care physicians and other medical providers in the use of these medications. I have observed that in clinical practice, as opposed to a political platform, primary care physicians actually welcome our recommendations as we are well trained professionals who fulfill a much needed gap in their knowledge base.

¹ Academic Psychiatry 31:419-422, November-December 2007.
<http://ap.psychiatryonline.org/cgi/content/full/31/6/419>

I urge you to support SB272. I urge you not to fall for baseless scare tactics. Your vote will make a tremendous difference in the lives of Montana residents who suffer from mental illness and who simply do not have access to adequate mental health care.

Sincerely,

Robert Chang, Ph.D., M.S.C.P.

Licensed Clinical Psychologist

Caitlin A. Hall, M.D., F.A.A.P.
PO Box 1119
Crow Agency, MT 59022

March 20, 2011

Dear Chairperson,

I am a board certified pediatrician and fellowship trained child abuse pediatrician with a Bachelor of Arts degree in psychology. I am currently a general pediatrician for the Indian Health Service at the Crow/N. Cheyenne Hospital, however, I am writing as a concerned Montana citizen.

I would like to express my support for SB 272 – Prescribing Psychologists. My initial reaction to a person holding a PhD in psychology and not having graduated from medical school being allowed to prescribe medications was one of skepticism and concern. However, after learning how extensive and thorough the education and training is to qualify for prescription-writing authority, I realize now that my initial knee-jerk reaction was wrong. It was based on ignorance and territorial concern for the traditional practice of medicine. This traditional practice of medicine has evolved over time as the medical needs of society have changed. Optometrists, podiatrists, and physician's assistants currently prescribe medications without an M.D. after their name. Psychologists should as well.

Concerns that a licensed psychologist with prescription-writing authority will harm a patient just because they have not graduated from medical school are unwarranted. It has been my experience in working with Dr. Sutherland that his knowledge of the appropriate use of psychotropic medications, their side-effects and contraindications is at least equal, if not greater than other physicians, including psychiatrists. I feel that my patients benefit greatly from the services provided by a prescribing psychologist and I will continue to refer my patients to Dr. Sutherland or to other prescribing-psychologists without hesitation.

The demand for mental health care in Montana is great. Giving prescription-writing authority to licensed psychologists would help meet this need and benefit the people of Montana. Please vote in favor of SB 272.

Sincerely,

Caitlin A. Hall, M.D., F.A.A.P.
Pediatrician

March 17, 2011

To: Montana State Legislature

From: Georgia Milan M.D.

Dear Legislative Representatives and Senators,

I am writing to support Prescribing Privileges for appropriately credentialed psychologists. I have been a family practice physician in Montana since 1995 and am acutely aware of the shortage of mental health professionals available to our patients. We especially need psychologists who have adequate training to prescribe pharmaceuticals. This training entails years of detailed education which allows psychologists to have pervasive knowledge of psychopharmacology. Primary care physicians need psychologists with these credentials and prescribing privileges to adequately help the numbers of individuals we see in primary practice.


Psychiatrists are difficult to access and primary providers would be able to more comprehensively cover the needs of our patients with prescribing psychologists as part of the team. My experience is that psychologists work closely with other health care providers thereby insuring that people are less likely to end up in the emergency room or needing acute hospitalization for mental health problems. These costs drive up total health care dollars and are often transferred to the taxpayers. Prescribing psychologists would give us a more comprehensive health care delivery system.

I am currently employed by Saint Patrick's in Missoula but worked in rural areas of Montana for 14 years. The above needs exist in the rural and urban areas of Montana.

Please support prescribing privileges for appropriately credentialed psychologists. The people of Montana would benefit and the existing medical professionals in Montana would benefit.

Thank you for your time and attention to this important matter.

Sincerely,



Georgia Milan M.D.
5480 Klements Lane
Florence MT 59833

March 18, 2011

To: Members of the House Human Services Committee

RE: SB: 272 - Revise laws related to psychologists prescriptive authority

I would like to express my support for passage of SB 272 which would provide limited prescriptive authority for appropriately trained psychologists.

I understand that the SB 272 does not automatically provide prescriptive authority for psychologists but rather would grant that authority only to psychologists who complete an extensive training program in pharmacology and who have also successfully completed a period of extensive supervised prescribing practice under the tutelage and guidance of a licensed physician.

I work with a number of psychologists on a daily basis in an interdisciplinary healthcare treatment setting and I am confident that with the educational and training experience required by SB 272, that any of the psychologists with whom I work would be a cautious, competent, and conscientious prescriber of psychotropic medications. I am particularly hopeful with regard to the passage of this bill because one of the psychologists with whom I work closely, Dr. Jeff Schroeder, has completed the educational requirements specified in the bill. As such, if the bill passes, the interdisciplinary pain treatment center in which I work would be extremely well served by having a prescribing psychologist on staff.

As a practicing physician licensed in Montana I am acutely aware of the reality that a substantial proportion of physical health problems which contribute to the enormous cost of health care in our state and country result from unhealthy behavior on the part of patients as well as from inadequately managed mental health issues. Despite this reality, as much as 80% of all treatment for psychological disturbance is provided in the context of primary care and consists of prescription of psychotropic medications not by psychiatrists or psychiatric nurse practitioners but rather by primary care providers who have little time to really get to know the psychological and behavioral issues and dynamics of their patients and who also have minimal training in the diagnosis and treatment of mental health and behavioral problems.

Appropriately trained psychologists are well-suited for prescribing psychotropic medication because of the more in-depth knowledge regarding the personality and behavioral functioning of their patients which they are able to develop as a result of the greater amount of time the nature of their practice allows them to spend with their patients compared to the amount of time typically spent with a patient by the professionals currently authorized to prescribe under Montana law. Because psychologists do spend a significantly greater amount of time in face-to-face contact with their patients, and because they are, as a result, able to develop a much more sophisticated understanding of their patients' biopsychosocial context, they are in a much better position to make effective judgments with regard to when intervention with medications is and is not appropriate, which psychotropic medications a patient is most likely to benefit from, and how to most effectively integrate medication intervention with more traditional psychotherapeutic intervention.

With regard to the concern some have raised that prescribing psychologists might end up prescribing medications for other, non-mental health types of physical health problems, it is my understanding that SB 272 will only allow appropriately trained psychologists to prescribe medications for the purpose of treating mental health problems and that the total number of such medications which the bill will allow

psychologists to prescribe is approximately ninety. This number of medications constitutes only approximately 2% of the total medications available to a licensed medical doctor.

With regard to the concern some have raised that granting prescriptive authority to psychologists will result in an increase in the treatment of mental health problems with medication and reduced focus on treatment of mental health problems using non-medicine strategies (i.e., counseling and psychotherapy), there is actually every reason to believe that if psychologists are granted prescriptive authority that treatment of mental health problems with medication will actually decrease rather than increase. This is likely to occur as a result of the fact that psychologists, as a result of their extensive training in psychotherapeutic techniques, will have a more comprehensive collection of potential treatment strategies of which treatment with medication will be only one, psychologists will be less likely to reach for the prescription pad when other, non-medicine, treatment strategies hold promise in a given case, and, of course, for patients coming to see a psychologist who have been on mental health medications for some time without out significant benefit, the authority to prescribe will also grant the authority to un prescribe.

I support the passage of this bill because I know that my patients will benefit from having access to appropriately trained prescribing psychologists. Please vote for SB 272 both in committee and on the floor.

If you would like to speak with me personally regarding my reasons for supporting SB 272 please do not hesitate to contact me.

Thank you for your consideration,

Randale C. Sechrest, MD
406-327-1670



March 18, 2011

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I support the passage of this bill because I know that my patients will benefit from having access to appropriately trained prescribing psychologists. Please vote for SB 272 both in committee and on the floor.

If you would like to speak with me personally regarding my reasons for supporting SB 272 please do not hesitate to contact me.

Thank you for your consideration,

A handwritten signature in cursive script that reads "O. Glenn Heyman DO". The signature is written in dark ink and is positioned above the printed name and credentials.

O. Glenn Heyman, DO
Board Certified: Physical Medicine & Rehabilitation
Board Certified: Pain Medicine
Board Eligible: Electrodiagnostic Medicine

February 11, 2011

**To: Members of the Senate Committee on
Public Health and Safety
Montana State Legislature**

Dear Senators:

I am a practicing physician who has been in practice for 35 years, 30 of them in Havre, Montana. I have experience in academic medicine and the practice of hospital and clinic Internal Medicine. I have been the President and CEO of a 17 provider multispecialty clinic in Havre as well. I currently practice in the VA Montana system in the new Havre community outreach clinic.

House Bill 272 deals with the granting of prescriptive privileges to PhD Clinical Psychologists. Similar legislation has already been passed in other states including New Mexico, a state with similar medical delivery issues to Montana.

This legislation recognizes the expertise of Clinical Psychologists in assessment and care planning and allows them to obtain additional training in improving their skill in clinical pharmacology, particularly as it relates to drugs used in the care of Mental Health patients. Clinical psychologists already are frequently familiar with many of the agents used and the physiology of mental illness. This involves some fine-tuning of that knowledge as it is applied to the selection and management of psychological illness. Like New Mexico, which already has such legislation Montana has a crying need for Mental Health professionals and particularly those with prescriptive privileges. Currently that is only psychiatrists. Passing this legislation would allow interested and motivated providers to obtain certification in psychiatric pharmacology and extend our ability to deliver comprehensive mental health care in more of Montana's communities. Mental Health support is not good in the State of Montana or most other places in the United States. Fiscal support for services continues to decrease, leaving the victims of mental health removed from care totally in many cases. The state hospital is over-filled, insurance support approaches nil. Patients without medications rapidly become an expensive burden on their families, communities, health care facilities and other practitioners, all ill-equipped to deal with them in many cases.

This legislation promises availability of services in places it is simply not available now. No longer will rural Montanans have to travel to larger cities lucky enough to have one or more psychiatrists to get care.

I urge your support of the adoption of this measure.

Sincerely,

**Robert T. Henderson, M.D.
P.O. Box 333
Havre MT 59501**

January 20, 2011

Senate Health Committee
Montana Legislature 2011 Session

Honorable Senators:

As you are well aware, the frontier nature of Montana, while endearing, presents significant problems for the delivery of quality healthcare to our residents.

I have practiced pediatrics in a town of 2000 for over 22 years. I believe I have practiced in the smallest town for the longest time amongst the pediatricians in Montana. There is a significant deficit of providers in our rural areas.

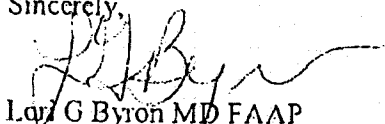
The dire shortage of mental health specialists in America affects all of us, increasingly so in sparsely populated regions and small communities. Your committee currently has the potential to improve health care in small communities by authorizing prescribing psychologists. Psychologists who have completed training can assist physicians and mid-levels immensely in caring for patients with mental health needs. They have earned a Post-Doctoral Masters of Science of Clinical Psychopharmacology. They typically receive significantly more training than primary care physicians and mid-level providers regarding mental health illnesses and their treatment.

My practice contains a high percentage of patients with mental health issues. Many of these could be followed by a prescribing psychologist and receive equal care and satisfaction. Often, they could receive better care from a prescribing psychologist.

I stand resolved that allowing prescribing psychologists to practice in Montana will improve healthcare for our patients.

I am available by phone to answer any questions of your committee members. Thank you for your time and efforts in aiding Montanans.

Sincerely,



L. G. Byron MD FAAP

Past President, Montana Chapter, American Academy of Pediatrics
406-671-5824



**Bighorn Valley
Health Center**

RR1 Box 1211D, 631 Woodley Lane, Hardin, MT 59034
406-534-9205 • www.bighornvalley.org

January 23, 2011

To Whom It May Concern:

I write in support of SB 272 to enthusiastically endorse legislation extending prescriptive authority to certified clinical psychologists in the state of Montana.

When it comes to behavioral health care issues, we are in desperate straits. The need for service here in Big Horn County is massive: in 2006, an astonishing 36% of our eight graders reported engaging in binge drinking, almost three times the state average. We draw direct links from this startling statistic to the grim collection of other data points that paint the picture of our mental health needs: tragically high rates of suicide, homicide, domestic abuse and family offense, sex offenses, death rates from unintentional injury and death by motor vehicle crashes. This stark view of our county's mental health needs puts in dramatic context the observation that only 9% of the county's Medicaid population was found to be receiving mental health services in 2008, compared with 22% statewide. Simply put, we don't have enough mental health professionals here to diagnose and treat people in need. The largest, most severe mental health shortage area in the entire U.S. is here in eastern Montana. And the forecast for recruiting adequate numbers of psychiatrists to meet our need is not good.

We at the Bighorn Valley Health Center are seeking to become a Federally Qualified Health Center in response to the overwhelming need here in our community. We recognize the inseparable connections between physical and mental health, and will be integrating behavioral health care into the provision of primary medical care. Clinical psychologists with prescriptive authority—as members of a clinical team with medical care givers— could play a key role in this integrated approach to health care delivery in a way that the use of telemedicine could never achieve. The in-person, patient-clinician relationship is vital to the healing process, and an on-site clinical psychologist—equipped with skills and authority to deliver pharmacotherapy when indicated— would be a tremendous asset. Clinical psychologists have been shown to be competent and judicious in prescribing various psychotropic medications, and this model has been used successfully in other states already. This legislation will certainly not subject the citizens of Montana to a grand and risky experiment.

And while this legislation alone won't fix all of the myriad problems in our broken mental health care system, it surely is a needed step in the right direction. In this time of desperate crisis, where people are literally losing their lives every day, we don't have the luxury of waiting for the perfect single fix. This is an "all hands on deck" moment. I would contend that extending prescriptive authority to appropriately trained clinical psychologists is an obvious choice at this critical time, and would urge you to favorably consider this most needed legislation, SB 272.

Sincerely,

David Mark, MD
CEO, Bighorn Valley Health Center

Joseph Keel, MD
426 Beverly Hill
Billings, MT 59101-0657

February 9, 2011

Mr. Joe Balyeat, Chair
Business, Labor, and Economic Affairs Committee
Senate, Montana
Montana State Capitol
P.O. Box 200500
Helena, Montana 59620-0500

RE: Senate Bill 272, Allow Appropriately Trained Psychologists to Prescribe.

Dear Senator Balyeat & Members of the Business, Labor, and Economic Affairs Committee:

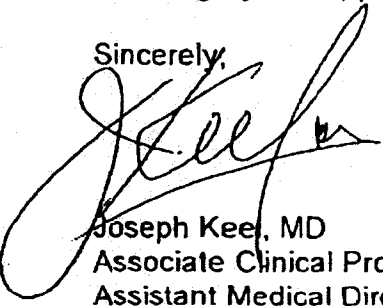
I am writing to ask you to support Senate Bill 272, as this bill will soon come to a vote in Business, Labor and Economic Affairs Committee of the Senate. This is a bill that deserves support from both yourself and the Committee because it sees to the behavioral healthcare of the citizens of Montana where there is desperate need that I see every day in my practice.

In reviewing this bill with my colleagues, and as a physician, this bill has my support because it requires two years of coursework post-doctorate for a licensed psychologist, a 100 patient practicum under the supervision of a physician, a national examination, and a licensing process. If there is a complaint, the bill has within it a Complaint Committee Composed of 2 members from the Medical Board, 1 member from the Pharmacy Board, and 2 members from the Board of Psychologists.

But, I will tell you that according to all of the information that I have had available there has not been one complaint or malpractice suit brought against a prescribing psychologist in the Armed Services, New Mexico, Louisiana or the Indian Health Service in 17 years. The requirements for training, supervision, experience and competence are sound; and the evidence is sound with no history of safety issues.

As a practitioner I support this bill because of the painfully apparent need in our state, and as a scientist I support this bill based on the evidence of safety. I urge you give this bill a yes vote based on the facts, not conjecture, fear, or protectionism. Thank you for your time, and I urge your support.

Sincerely,



Joseph Keel, MD
Associate Clinical Professor
Assistant Medical Director
Family Medicine Faculty Physician

Emily Colson, MD
PO Box 2151
Billings, MT 59103

February 9, 2011

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Senate, Montana
Montana State Capitol
P.O. Box 200500
Helena, Montana 59620-0500

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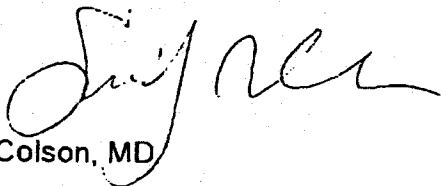
I am writing to ask you to support Senate Bill 272, as this bill will soon come to a vote in Business, Labor, and Economic Affairs Committee of the Senate. This is a bill that deserves support from both yourself and the Committee because it sees to the behavioral healthcare of the citizens of Montana where there is desperate need that I see every day in my practice here in Billings, where there are not enough psychiatrists, as well as my previous practice in Libby, where there was not a psychiatrist in the county.

As a physician, this bill has my support because it requires two years of coursework post-doctorate for a licensed psychologist, a 100 patient practicum under the supervision of a physician, a national examination, and a licensing process. If there is a complaint, the bill has within it a Complaint Committee Composed of 2 members from the Medical Board, 1 member from the Pharmacy Board, and 2 members from the Board of Psychologists.

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Sincerely,



Emily Colson, MD

Vernon Johnson, MD
123 South 27th Street
Billings, Montana 59101

February 9, 2011

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Business, Labor, and Economic Affairs Committee
Senate, Montana
Montana State Capitol
P.O. Box 200500
Helena, Montana 59620-0500

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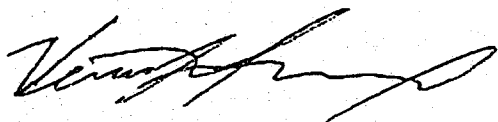
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As a practitioner I support this bill because of the painfully apparent need in our state, and as a scientist I support this bill based on the evidence of safety. I urge you give this bill a yes vote based on the facts, not conjecture, fear, or protectionism. Thank you for your time, and I urge your support.

Sincerely,



Vernon Johnson, MD
Fellow American Board Family Medicine



DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service Hospital
P.O. Box 760
Browning, MT 59417

Montana State Legislature
PO Box 201706
Helena MT 59620

Re: Montana Prescribing Psychologist Bill – Hearing on SB 272

Dear Members of the 2011 Montana State Legislature

My name is Juan Lastra. I am a Montana licensed clinical psychologist currently working for the Indian Health Service in the Blackfeet Community Hospital of the city of Browning. I also have a small private practice in the adjacent city of Cut Bank. Prior to working for the Federal Government I was a staff psychologist at Montana State Hospital. Though I wanted to be present at this hearing, circumstances beyond my control (illness) prevented from doing so. Instead, I wanted to provide a brief statement about the issue before you: psychologists and prescribing privileges.

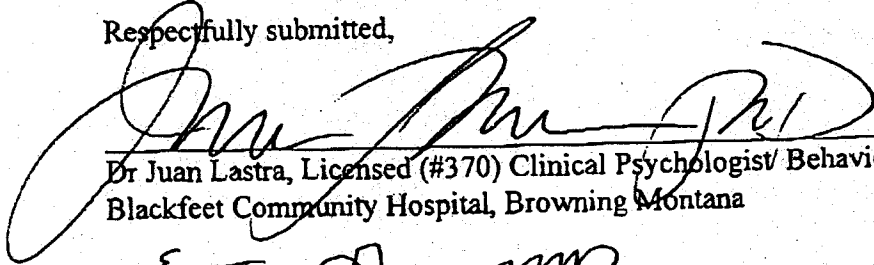
I support this initiative and effort and let me explain why. This year represents now my 4th year working in the Blackfeet Reservation and in the city of Cut Bank, and have seen first hand the devastating effects that depression, anxiety, psychotic disorders and other mental illnesses have on the Native population and county residents of this area. Explaining the causes of these problems is beyond the scope of this letter, but at the heart of the problem lies one key problem: the gap and lack of mental health providers with licenses to prescribe medications for mental disorders. The Blackfeet Community Hospital contracts one psychiatrist who travels and sees patients every two weeks for 1 to 2 days of that week. His services are invaluable. But his efforts address but a small number of the total number of patients with mental illnesses we see yearly, and these have to be Native members of some tribal community. Adjacent non-Native communities to the east of Browning have not one mental health provider with a license to prescribe. In fact, I represent the only licensed psychologist between Browning and Havre. And there lies my point: psychologists with a license to prescribe can represent a valuable resource to the residents of Montana. To be sure, medication treatment is not the only answer to these problems. Many behavioral health approaches are needed to restore hope to the despair of many residents of these counties. But there are many instances where without medication treatment some of our patients and clients have little chance of surviving their mental health problems. The statistics on both attempted and completed suicides in Montana bear out this grim reality.

I would like to make only two more points on the issue of competency which I suspect might be the one strong objection to these efforts. The first point is that licensed psychologists going into further training to prescribe do so with tens of thousands of hours of clinical work in the diagnostic assessment and treatment of mental disorders; far more than do nurse-practitioners and physician assistants who already prescribe these medications in Montana. In fact, this happens to be the hallmark of American psychology: assessing and diagnosing mental disorders. This is no small point. It is of paramount importance because in order to prescribe a medication safely for a mental disorder you first need to know what the problem is; what the diagnosis is. The second point is related to the medical training given in pharmacology. The Postdoctoral Master of Science Program in Clinical Psychopharmacology I will be completing in June 2011 is an accredited program by the Western Association of Schools and Colleges that covers the medical and pharmacological areas essential to prescribe.

Some of these include: biochemistry, neurochemistry, neurophysiology, clinical medicine, pathophysiology, clinical pharmacology, to mention a few. Does this mean a prescribing psychologist would practice as psychiatrists do? No. A psychiatrist is a medical doctor and physician whose scope of practice can reach well beyond these medications. A prescribing psychologist, however, would be an invaluable addition to the mental health community of providers in Montana.

In closing, I hope this discussion does not create division between the various types of mental health providers in Montana. That is not the intention of these efforts. The intention is to help the patients and residents of Montana who today as we discuss these issues, continue to feel the devastating effects of mental illness.

Respectfully submitted,



Dr Juan Lastra, Licensed (#370) Clinical Psychologist/ Behavioral Health Dept
Blackfeet Community Hospital, Browning Montana

E. Joe Gray MD
Dr Joe Gray, MD Family Practice, Medical Dept Blackfeet Community Hospital

3/15/2011
Date

3/15/2011
Date

March 21, 2011

Representatives,

I am writing to support SB 272 which provides the legislative authority for properly trained PhD psychologists to exercise limited prescriptive privileges. I am an M.D. practicing in a multi-disciplinary pain center. We use an integrated and multi-disciplinary model of treatment that incorporates a number of specialties, including psychology. I am delighted this bill has passed through the Senate and is now in the House for your consideration.

As you are no doubt aware, access to psychiatric services is limited. While there are not enough psychiatrists or other providers qualified to prescribe in our population centers, they are essentially non-existent in the rural areas. Not only does SB 272 help to address this shortage, it does so in a prudent and reasonable manner. The post-doctorate training requirements of this bill are well in-line with reasonable standards and will allow the psychologists completing the education/training/supervision to practice in a safe manner, as has been demonstrated over the last 15 years through the Department of Defense, the Indian Health Service, and other states that have granted prescription privileges under similar laws.

I am interested to hear how SB 272 is received by the House. The PhD level psychologist who has the additional skill set as provided by this bill will be a valuable asset to providing healthcare in our state.

Please give SB 272 all due consideration.

Sincerely,

Brett Bender, MD

ROBERT SHERRILL, JR., Ph.D.

PRESCRIBING PSYCHOLOGIST
NEUROPSYCHOLOGICAL ASSESSMENT

Michael Butz, PhD
Montana Psychological Association
36 S. Last Chance Gulch, Suite A
Helena, Montana 59601

22 January 2011

Dear Dr. Butz:

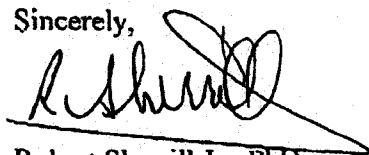
Prescribing psychologists have been licensed in New Mexico since 2005. I have been the chair of the state Board of Psychologist Examiners since November 2006.

When the New Mexico Legislature was considering the bill to permit psychologists to qualify for prescribing privileges, opponents made grim predictions of harm to the public. One legislator, a physician, was quoted as saying, "patients will die". This has not occurred. Over the past five years there have been no complaints at all to the Board of Psychologist Examiners of patients having been harmed by prescribing psychologists. None. Also, there have been no allegations of improper or inappropriate prescribing which have been verified after review by the state Board of Pharmacy.

Prescribing psychologists have improved access to the full range of mental health care in New Mexico in a variety of underserved locations and settings. These include: small general hospitals which lack a staff psychiatrist; the state psychiatric hospital; rehabilitation centers; county jails; small mental health clinics; and substance-abuse treatment programs.

Because Montana's population is dispersed over a very wide geographic area, like New Mexico's, prescribing psychologists can be especially valuable in providing services to persons with chronic, serious mental illnesses who otherwise would have to travel long distances to receive care from providers who specialize in emotional disorders. For example, I work in a small city on the edge of the vast Navajo reservation. In my consulting at our county jail, I frequently see Native Americans with schizophrenia or bipolar disorder who have "fallen through the cracks" because of the long distances they must travel in order to see a provider. I also see many non-Natives who have had difficulty gaining access to treatment (it takes about two months for an initial appointment with a psychiatrist here), who get arrested for offenses related to their dual diagnoses of substance abuse and serious emotional disorder. With stabilization of their condition, they can then be referred to a substance abuse program or Treatment Court, rather than remaining in jail, or being sent to prison.

Sincerely,



Robert Sherrill Jr., PhD



DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service Hospital
P.O. Box 760
Browning, MT 59417

Montana State Legislature
PO Box 201706
Helena MT 59620

Re: Montana Prescribing Psychologist Bill – Hearing on SB 272

Dear Members of the 2011 Montana State Legislature

My name is Juan Lastra. I am a Montana licensed clinical psychologist currently working for the Indian Health Service in the Blackfeet Community Hospital of the city of Browning. I also have a small private practice in the adjacent city of Cut Bank. Prior to working for the Federal Government I was a staff psychologist at Montana State Hospital. Though I wanted to be present at this hearing, circumstances beyond my control (illness) prevented from doing so. Instead, I wanted to provide a brief statement about the issue before you: psychologists and prescribing privileges.

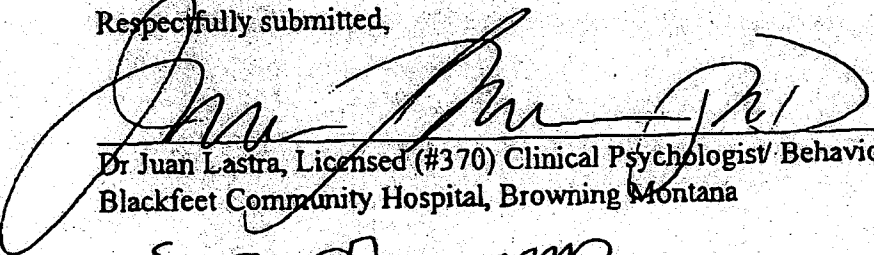
I support this initiative and effort and let me explain why. This year represents now my 4th year working in the Blackfeet Reservation and in the city of Cut Bank, and have seen first hand the devastating effects that depression, anxiety, psychotic disorders and other mental illnesses have on the Native population and county residents of this area. Explaining the causes of these problems is beyond the scope of this letter, but at the heart of the problem lies one key problem: the gap and lack of mental health providers with licenses to prescribe medications for mental disorders. The Blackfeet Community Hospital contracts one psychiatrist who travels and sees patients every two weeks for 1 to 2 days of that week. His services are invaluable. But his efforts address but a small number of the total number of patients with mental illnesses we see yearly, and these have to be Native members of some tribal community. Adjacent non-Native communities to the east of Browning have not one mental health provider with a license to prescribe. In fact, I represent the only licensed psychologist between Browning and Havre. And there lies my point: psychologists with a license to prescribe can represent a valuable resource to the residents of Montana. To be sure, medication treatment is not the only answer to these problems. Many behavioral health approaches are needed to restore hope to the despair of many residents of these counties. But there are many instances where without medication treatment some of our patients and clients have little chance of surviving their mental health problems. The statistics on both attempted and completed suicides in Montana bear out this grim reality.

I would like to make only two more points on the issue of competency which I suspect might be the one strong objection to these efforts. The first point is that licensed psychologists going into further training to prescribe do so with tens of thousands of hours of clinical work in the diagnostic assessment and treatment of mental disorders; far more than do nurse-practitioners and physician assistants who already prescribe these medications in Montana. In fact, this happens to be the hallmark of American psychology: assessing and diagnosing mental disorders. This is no small point. It is of paramount importance because in order to prescribe a medication safely for a mental disorder you first need to know what the problem is; what the diagnosis is. The second point is related to the medical training given in pharmacology. The Postdoctoral Master of Science Program in Clinical Psychopharmacology I will be completing in June 2011 is an accredited program by the Western Association of Schools and Colleges that covers the medical and pharmacological areas essential to prescribe.


Some of these include: biochemistry, neurochemistry, neurophysiology, clinical medicine, pathophysiology, clinical pharmacology, to mention a few. Does this mean a prescribing psychologist would practice as psychiatrists do? No. A psychiatrist is a medical doctor and physician whose scope of practice can reach well beyond these medications. A prescribing psychologist, however, would be an invaluable addition to the mental health community of providers in Montana.

In closing, I hope this discussion does not create division between the various types of mental health providers in Montana. That is not the intention of these efforts. The intention is to help the patients and residents of Montana who today as we discuss these issues, continue to feel the devastating effects of mental illness.

Respectfully submitted,


Dr Juan Lastra, Licensed (#370) Clinical Psychologist/ Behavioral Health Dept
Blackfeet Community Hospital, Browning Montana

3/15/2011
Date


Dr Joe Gray, MD Family Practice, Medical Dept Blackfeet Community Hospital

3/15/2011
Date

Christina Vento, PsyD, ABMP, MA Psychopharm
3695 Hot Springs Blvd. Las Vegas, NM 87701
505-238-5897

Dear Montana Legislator,

My name is Christina Vento and I'm a New Mexico Prescribing Psychologist. For the last two and a half years I have worked safely prescribing mental health medications to adolescents, adults and senior inpatients and outpatients at the New Mexico Behavioral Health Institute (NMBHI, also known as the New Mexico State Hospital). The Hospital has a severe and chronic problem recruiting enough psychiatrists as it is in a rural area and salaries are well below regional averages. Currently, there are six full time mental health prescribers for a 300 bed facility; three psychiatrists, a nurse practitioner and two prescribing psychologists. There have been no complaints or safety incidents from psychologists prescribing during this period.

From a fiscal point of view, prescribing psychologists have been a boon to the Hospital's bottom line in these difficult economic times. While I am compensated more than my non-prescribing psychologist colleagues, I am still far less expensive than staff psychiatrists or locum tenens. Dr. Jones, the Hospital's administrator, refers to us as "psychiatry extenders" and is actively recruiting more prescribing psychologists due to our efficacy, cost effectiveness and safe track record .

Please consider supporting the Montana legislation authorizing appropriately trained psychologists to prescribe psychotropic medications. We are able to do it safely in New Mexico and Louisiana where there have been no complaints about prescriptions to the ethics Boards since the first law was enacted in 2002.

Please feel free to contact me at 505-238-5897 if you have any questions or concerns about how prescribing psychologists are working in New Mexico.

Sincerely,

Christina Vento, PsyD, ABMP, MA Psychopharm

Schroeder, Jeffrey

From: Schroeder, Jeffrey
Sent: Wednesday, February 09, 2011 9:30 AM
To: 'esuth1@msn.com'
Subject: Letter to MT Legislature

Date: 2/9/2011

From: Jeff Schroeder PhD Licensed Psychologist Montana License #290

To: Montana State Legislature

Re: Consideration of Prescribing Privileges For Appropriately Credentialed Psychologists

I am a psychologist licensed in Montana since 1996 and a 15 year resident of the Bitterroot Valley, currently employed in the Montana Spine and Pain Center at St. Patrick Hospital in Missoula. I graduated last year with a Masters Degree in Clinical Psychopharmacology from the Alliant International University/California School of Professional Psychology Prescribing Psychologist Course, a two and a half year process fully sanctioned by the American Psychological Association.

Even in Missoula, and especially in more rural parts of Montana, it can be extremely difficult to obtain accessible psychiatric services for patients who need to be followed for psychiatric medications. I hope you will give serious consideration to establishing a process by which appropriately credentialed psychologists can obtain psychiatric prescribing privileges, for the benefit of the underserved patients throughout Montana. Thank you for your attention.

Sincerely,



Jeff Schroeder PhD

3/16/2011

March 18, 2011

To: Members of the House Human Services Committee

RE: SB: 272 - Revise laws related to psychologists' prescriptive authority

I would like to express my support for passage of SB 272 which would provide limited prescriptive authority for appropriately trained psychologists.

As written SB 272 does not automatically provide prescriptive authority for psychologists but rather would grant that authority only to psychologists who complete an extensive training program in pharmacology and who have also successfully completed a period of extensive supervised prescribing practice under the tutelage and guidance of a licensed physician.

I am a pharmacist. I work with 3 psychologists on a daily basis in an interdisciplinary healthcare treatment setting. I have also worked with psychiatrists and other physicians. I am the pharmacology expert on our team. I am confident that with the educational and training experience required by SB 272, any of the psychologists with whom I work would be a cautious, competent, and conscientious prescriber of psychotropic medications.

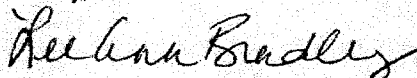
The mental health arena is underfunded and underserved. Currently a patient who could benefit from both psychotherapy and pharmacology has to see 2 providers. I think passage of this bill will improve access to quality care for many Montana patients and be cost effective. Because psychologists do spend a significantly greater amount of time in face-to-face contact with their patients, and because they are, as a result, able to develop a much more sophisticated understanding of their patients' needs, they can be in a much better position to make effective judgments with regard to when intervention with medications is and is not appropriate, which psychotropic medications a patient is most likely to benefit from, and how to most effectively integrate medication intervention with more traditional psychotherapeutic intervention.

With regard to the concern some have raised that prescribing psychologists might end up prescribing medications for other, non-mental health types of physical health problems, there is a proposed limited formulary of approved medications that would dictate what medications they could prescribe.

I am particularly hopeful with regard to the passage of this bill because one of the psychologists with whom I work closely, Dr. Jeff Schroeder, has completed the educational requirements specified in the bill. As such, if the bill passes, the interdisciplinary pain treatment center in which I work would be extremely well served by having a prescribing psychologist on staff.

I support the passage of this bill because I know that my patients will benefit from having access to appropriately trained prescribing psychologists. Please vote for SB 272 both in committee and on the floor. If you would like to speak with me personally regarding my reasons for supporting SB 272 please do not hesitate to contact me.

Sincerely,



Lee Ann Bradley, PharmD, BCPS
Clinical Professor, University of Montana School of Pharmacy
Clinical Pharmacist, Montana Pain and Spine Center
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500 W. Broadway
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